

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41605

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 272	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission) a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. LENGTH OF STAY (in this place) 2 wks		c. CITY OR TOWN St Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				e. STREET ADDRESS (If rural, give location) 720 South Benton St			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) L		c. (Last) Holtgraewe		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 11 1897	
9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Ware House		11. BIRTHPLACE (City and State or Foreign Country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Holtgraewe		13b. MOTHER'S MAIDEN NAME Sophia Niemeyer		14. NAME OF HUSBAND OR WIFE Frieda Echelmeier Holtgraewe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-03-6865		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Frieda Holtgraewe St Charles			
18. CAUSE OF DEATH* Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis - Pancreatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584X				INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yrs	
19a. DATE OF OPERATION Nov. 15 - 1957		19b. MAJOR FINDINGS OF OPERATION Cholecystitis; Cholelithiasis - Pancreatitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 14, 1957, to Nov. 22, 1957, that I last saw the deceased alive on Nov. 22, 1957, and that death occurred at 5 P. M., from the causes and on the date stated above.							
23a. SIGNATURE J. J. P. R. W.		(Degree or title) M.D.		23b. ADDRESS St Charles Mo		23c. DATE SIGNED Nov 23, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24 1957		24c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. Nov 23 1957		REGISTRAR'S SIGNATURE M. J. Wilson		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bauer		ADDRESS St Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1922  
NOV 9 1957

APR 24 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. 552  
working under my personal supervision.

Student David C. Baur  
Signature of Student Embalmer

Signed William C. Baur

Licensed Embalmer No. 3155

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.